

# Aerobics Marathon



Saturday  
30 October 2004  
0800-1600  
CPT Jennifer J. Shafer  
Odom Fitness Center  
Building 1507

\$8.00 per person if registered  
before 22 October 2004

\$10.00 per person if registered  
after 22 October 2004,  
or same day registration  
*(Cost includes T-shirt and prizes!)*

**FUN FOR EVERYONE!**  
Classes will be for all  
fitness levels and will be a  
variety of styles.

Fill out registration on reverse side  
and return to Fitness Center.

Thanks to our sponsors!



**COMSTAR**  
FEDERAL CREDIT UNION



Carmen and Douglas Palmer  
Nikken Independent  
Wellness Consultants

Government endorsement is not implied

For more information,  
call 301-619-2498

[www.detrick.army.mil/wellbeing](http://www.detrick.army.mil/wellbeing)



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**RELEASE AND HOLD HARMLESS AGREEMENT (Morale Support Activities)**

For use of this form, see AR 215-1; the proponent agency is TAGO

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In consideration for being allowed to participate in Aerobics Marathon (activity)  
I hereby release the \_\_\_\_\_ (Installation or Community)  
Morale Support Activities (MSA) and the United States Government from any liabilities or claims  
arising from my own participation. I agree that I will never prosecute or in any way aid in prosecuting  
any demand, claim, or suit against the United States Government\* for any loss, damage, or injury to  
my person or property that may occur from any cause whatsoever as a result of taking part in this  
activity.

I also understand and agree that I may be held liable for any damage or loss to the United States  
Government that is caused by my gross negligence, willful misconduct, or fraud.

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Signature of Contestant \_\_\_\_\_

Date \_\_\_\_\_

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**FOR MINOR CHILD**

I, \_\_\_\_\_, parent/legal guardian of the above-said minor child,  
consent to his or her taking part in this Morale Support Activity. I will abide by the above.

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Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

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\*United States Government, as used here, includes Morale Support Activities and any officer, agency, or employee of the  
United States Government or Morale Support Activities, acting officially or otherwise.

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**DA FORM 5293-R, FEB 84**

Name \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Unit \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Phone \_\_\_\_\_